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CONFIRMATION NO. 9198

SERIAL NUMBER 10/039,760	FILING OR 371(c) DATE 01/03/2002 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 9003-0001
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/259,818 01/04/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 9	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

23377

TITLE

Enterohemorrhagic escherichia coli vaccine

FILING FEE RECEIVED 1123	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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